



No Kid Hungry & SBHA Learning Network Stakeholder Final Report



Executive Summary

During the 2021-2022 fiscal year, No Kid Hungry, a campaign of Share Our Strength, and the School-Based Health Alliance (SBHA) explored how school-based health centers (SBHCs) can address food insecurity through the development of a 14-member learning network connecting children and their families to nutrition assistance and food access programs. To assess participants' lessons and identify opportunities for state-level expansion, SBHA engaged in qualitative inquiry from stakeholders to inform the project's next steps, including developing a Request for Applications (RFA) for state-level collaborators. This report comprises eight key informant interviews with current learning network participants, two focus groups with state and youth stakeholders, and a School-Based Health Alliance State Affiliate Leaders survey. Participants remarked on the economic and social barriers to sustainable programming that addresses food insecurity. Key themes and recommendations include prioritizing dedicated staff, managing stigma, using targeted policy advocacy, developing state learning networks, and acknowledging the importance of tailored, community-specific approaches.



Introduction

No Kid Hungry, a project of Share Our Strength, and the School-Based Health Alliance (SBHA) explored how school-based health centers (SBHCs) can address food insecurity through the development of a 14-member learning network supporting pilot project implementation connecting children and their families to nutrition assistance and food access programs. This report identifies the benefits and feasibility of strategies addressing hunger through SBHCs, including developing and funding a grantee network committed to integrating nutrition assistance referral and food access innovation into school-based health care.

Data Overview

Staff from the Quality, Research, & Evaluation department at SBHA conducted eight key informant interviews with members of the current learning network. Each key informant interview lasted between 30-60 minutes and included questions regarding the learning network, organization information, challenges and barriers, positive changes, and recommendations for future funding and projects.

In addition, two focus groups discussed food insecurity. The first focus group included ten state stakeholders in the education, health care, and food security fields to discuss food insecurity, barriers to health, access in their communities, and resources needed to address concerns related to food insecurity in the future. These stakeholders work directly with or serve the following states: Alabama, Connecticut, Hawaii, Indiana, Iowa, Kansas, Missouri, New York, Oklahoma, West Virginia, and Wyoming.

The second focus group was with eight youths, broken into two sessions due to conflicting student schedules. Students ranged from 11th grade in high school to freshman in college. Many students studied in New York at SUNY Oneonta; however, others grew up around the country across a diverse array of environments and communities, including New Jersey, Massachusetts, Oregon, and Washington, DC. This group centered on the most pressing needs facing youth in their communities, their feelings around and experiences with food insecurity, and their interest in addressing it going forward.

Lastly, we distributed an online survey through Qualtrics to School-Based Health Alliance State Affiliate Leaders and representatives (n = 14) about their experiences and opinions on food insecurity in their states and communities.

Detailed Findings (Qualitative Data Synthesis)

Overall, participants identified a need to address food insecurity in their communities. The survey differentiated rural and urban communities so that respondents could specify differences in barriers to food access. (Figures 1.1 and 1.2). For urban communities, state leaders listed **poverty, unemployment, and low income** as the most significant barriers to food access, followed by a **lack of reliable access to food, lack of education and awareness about nutrition and eating, lack of affordable housing, and systemic racism** or other factors. Conversely, for rural communities, state leaders indicated **poverty, unemployment, and low income** as equally as prevalent as the following in order of greatest to least prevalent: **lack of reliable access to food, lack of education, lack of affordable housing, chronic health conditions or other factors, and, lastly, systemic racism**. Interview participants echoed these findings, remarking on the relationship between food insecurity and social determinants of health (SDOH), including social and mental health factors, low minimum wage, economic policies, and barriers caused by systemic racism that impact access to state and federal resources.

Figure 1.1 Primary barriers to food access in urban settings (n=14)

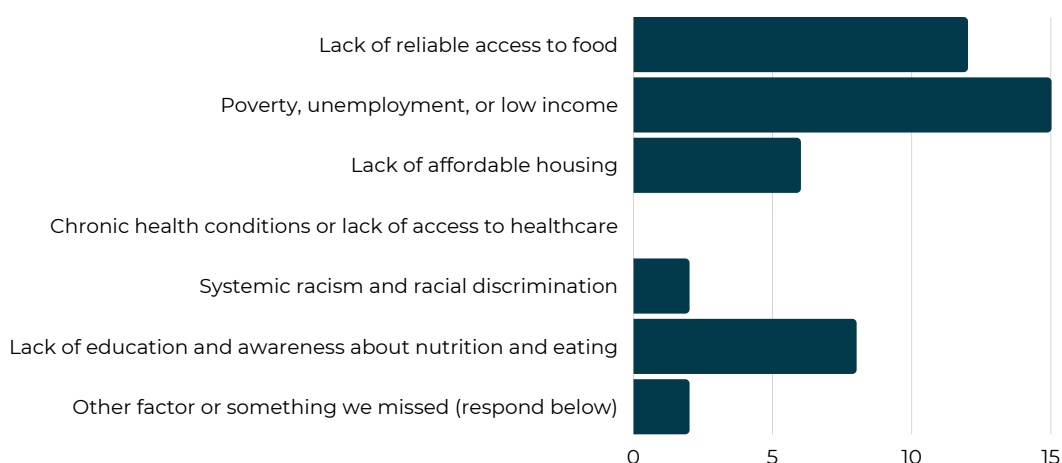
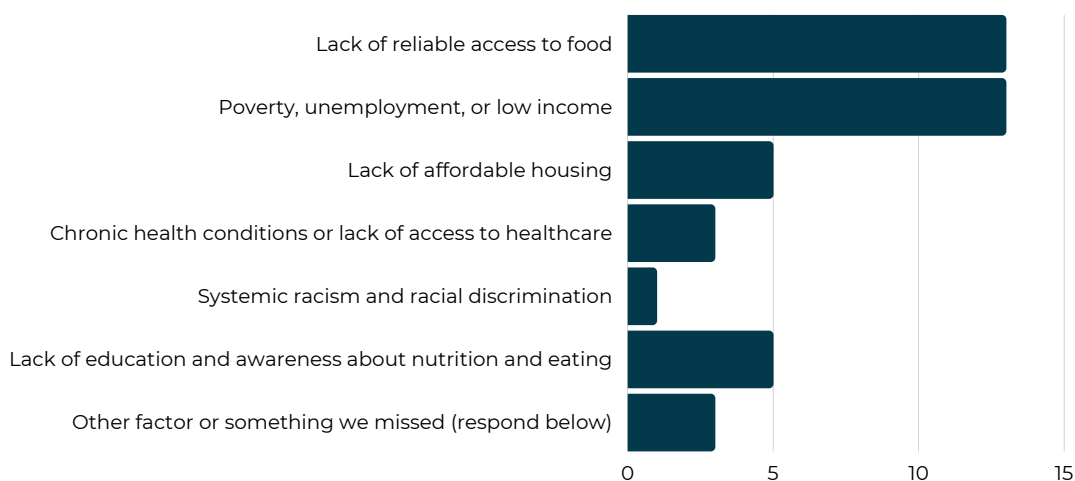


Figure 1.2 Primary barriers to food access in rural settings (n=14)





In the state stakeholder focus group, participants from across the country shared various issues and solutions facing communities regarding food and food insecurity. They described the vastly different geographic, demographic, and socio-economic populations they work with and emphasized what may work for their colleagues in other states and communities may not be the solution for food insecurity in their state. Participants described needs related to developing programs to address food insecurity specific to their communities and shared reservations regarding the likelihood, feasibility, and cost of such programming.

The youth also shared invaluable information about their experiences and observations regarding food security in schools and proposed solutions. Some students explained that they had never noticed food insecurity or any programs related to mitigating it. In contrast, others recalled reduced lunch programs, students working in the cafeteria, general supply pantries, and community co-ops. They shared their experiences volunteering or stories of their peers starting community programming to provide food to neighbors. Some students shared how barriers to food access centered on geography cost of shipping, food deserts, and nutrition education. Others highlighted how the distribution of wealth in some of their towns and regions resulted in stark differences in access and affordability. As the focus group progressed, many of these students found **food waste** a pressing issue, especially noticing excessive food wastage in their college cafeterias and at catered events and how schools could use that food to mitigate food insecurity. Others, however, felt that the schools and communities they grew up in were already spread too thin to address food insecurity in a meaningful way without **additional political and educational change**.

Participants in the current No Kid Hungry-SBHA learning network underscored and continually reiterated the utility and usefulness of their program for children and families in their communities, whether it was a completely new infrastructure or a well-tested program. Some participants reflected on the increased volume of students and families they were able to serve by addressing food insecurity:

“*I think the biggest change in kind of our work within the clinic is we've just been able to reach a lot of patients that we hadn't reached before. We definitely have kind of a core of families that come back every year that we see their kids every year as they go through elementary school. But this really allowed us to tap into a group that is more like, I think, faces more barriers to resources. And kind of addressing this like basic need was a way to bring them in. And we were up front with the food program, and then, once we got them enrolled, we were like, you know, we also have health services and all these other services available for free and that's how we got a lot of patients registered both for medical as well as dental services. So that's been a real change I think just it changed our outreach there's kind of a step before kind of enrolling them in patients is enrolling them in this food security program.*”

For this program and several others, **introducing a food security program acted as a gateway to other SBHC services**. These programs reached families that may not have otherwise visited the school health clinics and allowed them to obtain free or reduced-cost health and dental care that some children had never had. More broadly, this has implications for the critical role that SBHCs can play in addressing food insecurity, even though these efforts are not uniform. Eight of fourteen total survey respondents stated that their school-based health center was screening for food security (Figure 1.3), mainly through SDOH screeners (Figure 1.4). Still, they often do not provide training or technical assistance around measurement (Figure 1.5). Thirteen of the fourteen respondents indicated that school-based health centers in their respective states support or are involved with addressing food insecurity for their students (Figure 1.6).

Figure 1.3 SBHCs in respondents' states measuring food insecurity in families (n=14)

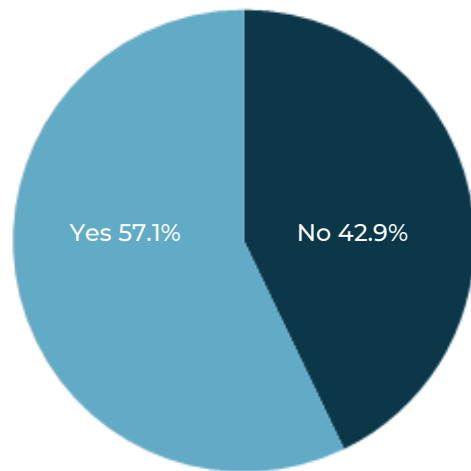


Figure 1.4 Methods for measuring or assessing food insecurity (n=11)

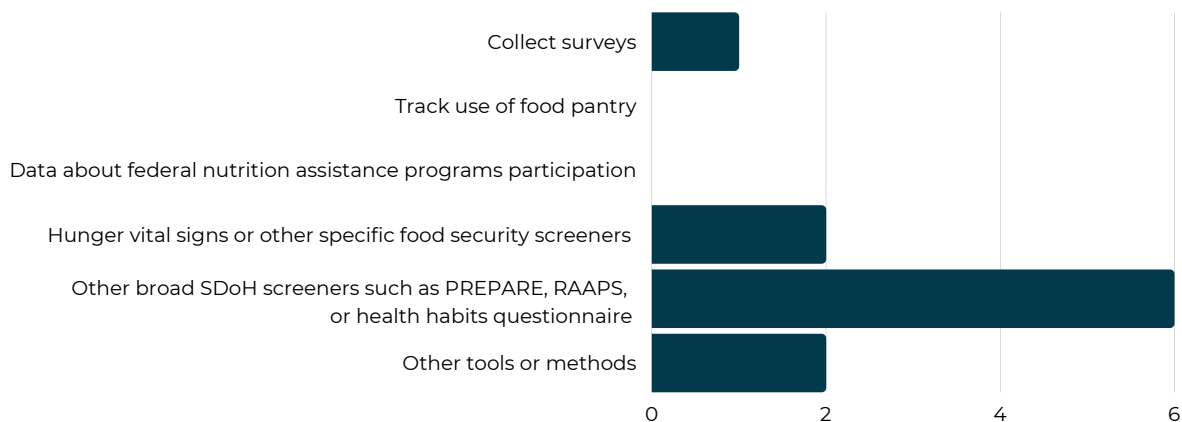


Figure 1.5 Training or assistance provided for measurement of food insecurity (n=8)

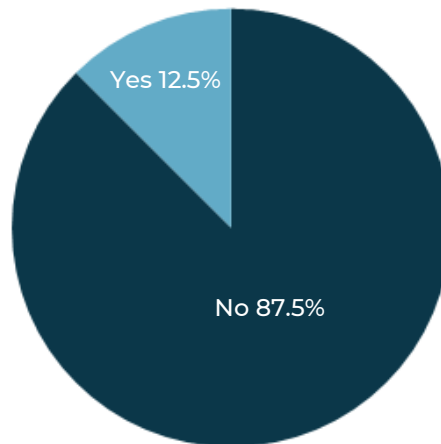
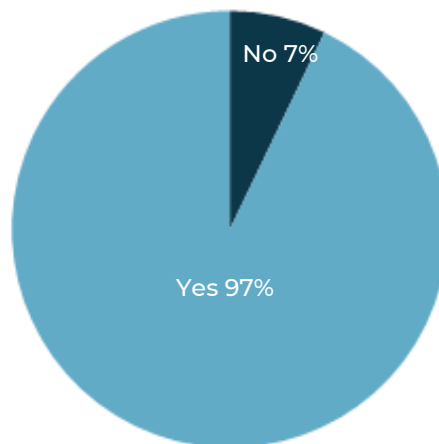


Figure 1.6 Support of SBHCs in addressing food insecurity? (n=14)



Despite the benefits, many participants experienced a steep learning curve in attempting to develop an entirely **new infrastructure** to screen, address, and impact food insecurity in their communities. One such participant explained:

“

I think school-based health centers that don't have like a formal food security program, it's just a lot of infrastructure that needs built up and a lot of conversations to be had. And then to roll it out and evaluate, it's just a lot for one year....If a school-based health center already has something and they're looking to like, build it, expand it, add something new to it, they're starting out in a different place. So perhaps the year may be more workable, but it was – from our end it's a lot in a year to go from practically scratch to yeah - being sustainable.

”

Several other participants shared that the project timeline was challenging because it was not within the academic calendar. One key informant stated,

“

We got the grant awarded in January or February and so you know we were starting these conversations in spring and schools have other things going on. And then it's June before you know it and then [the staff's] taking a break, and it's just like things come to a halt in the school. So, it – it was a very challenging timeframe to pick up the project.

”

They shared that the bulk of time for the project over the summer was counterproductive because they were not available or able to address food insecurity for students and were met with additional challenges related to administrative turnaround and shifting roles within the schools. Others shared that their programs could take place over the summer, but because of the timeline, they constantly had to rearrange or change their plans due to school enrollment or participation changes. Informants suggested electing a 'champion of the school' or a school representative to provide insight, communication, and assistance in developing, sustaining, and expanding food programming. This champion would also be critical for building partnerships and facilitating community engagement and buy-in. Additionally, many participants held such successful summer farmers' markets in their communities that families, farmers, and community businesses now want to continue the practice.

The key informants experienced further timing issues, stating that they wished they had allotted more **dedicated staff time and additional hiring support** because the programs often required extra time, resources, and people as the project progressed. When asked what could have helped the program, one coordinator stated,



“

If there was somebody who had more time to dedicate to the program. If I wasn't wearing so many hats, I feel like I could have made more of a larger impact sooner.

”

They went on to explain how their school-based health center instituted a bag program for students who sign up to take home over the weekend,

“

"But we have to spend time making the bags, reordering the food, passing it out and that's just time-consuming."

”

Despite these challenges, many key informants shared that they felt that the collaborative network that the learning network provided was invaluable to their programs. For some, this meant going to the learning network for inspiration, problem-solving, and resources from other partners in similar situations geographically, economically, socially, or otherwise. One informant noted the learning network as the most significant and positive outcome, stating:

“*The main thing is just the connections that were made. I love when we have our meetings, just to learn what other people are doing, because sometimes you get stuck in your own routine. So, I've learned so much and it's probably not good because I'm coming up with too many ideas, and just not enough money. So that would probably be the biggest positive.*”

Participants explained how a collaboration of local or state resources could be vital to the sustainability and expansion of their projects because it would help in finding resources, sharing ideas and problems, and expanding connections.

For others, this meant connecting with specific members in similar geographic locations or socio-economic conditions to better address the needs in their communities given the vast differences in jargon, resources, and approaches between centers. One participant stated:

“*Listening to the terminology of some of the other states is very different from what it is here. And so, I think we've kind of had to really back up and rethink how we present the information to our communities because it's not a language barrier. I don't know what kind of barrier you would call it, more of an understanding, or just a difference in how things are referred to here and in other states. And it is very different so that has been something that we've seen as a barrier, and getting them to buy into something that they don't know - something that's totally new.*”

Each key informant and the state-level focus group members also mentioned the need or the reality of **local networks and partnerships** – likening the available emergency food assistance networks to “fragile ecosystems” often reliant on volunteers, religious or service organizations, and severely underfunded. Some expressed that they wish they could expand this local network and partnership and worried about these relationships when the grant ends:

“*The community support is really a big key piece and with the economy being like it is, it's a little concerning. When we first started the project, I wasn't as concerned about that. But now I really am starting to worry a little bit about what our community partners would be able to do. You know, as far as donation wise, once the grant is the program timeline is up and we want to sustain, are we gonna be able to meet the needs with what our donors can supply? That is a little concerning.*”



Some shared that they had made every possible local connection but needed more, as one participant described how they worked closely with the only grocery stores in the area but needed additional resources. Others shared that they were in the process of expanding their network and hoped to continue this process in the future, as it had had a meaningful impact not only on their food insecurity work but on their organization as a whole.



“ We have so many community partners right now that are so interested in continuing because of the local initiative. We've gotten groceries stores and of course, the food pantry, and then, of course, some faith-based places that wanna help. ”


Another participant expanded on this and emphasized the need to assist organizations without existing infrastructure for food insecurity work, saying:

“ We felt fortunate that the healthcare institution we work with or work for has existing partnerships with different food distributors and CBOs that are doing this work. And so we were able to get introductions, and that at that part of this work is not challenging....We didn't have to do too much digging or looking around or cold calling people. So, we thought for school-based health centers that don't have existing connections within their reach that it might be helpful to provide some guidance on what school-based health centers can do to learn about existing resources, or how to potentially develop partnerships in this space. ”

Similarly, each key informant expressed interest in developing regional or state networks like the learning network to provide resources, guidance, problem-solving, and ideas on a state-wide basis. Additionally, some mentioned a desire to develop a database of grant and funding opportunities to address food insecurity alongside a collaborative network to provide additional funding and monetary support. The lack of financial support further demonstrates the frailty of these programs, as inconsistent funding leads to time-limited or short-term efforts, limiting the sustainability and opportunity for expansion of food insecurity programming.

Lastly, when asked about what is essential for funders to know, there were varied answers, most of which touched on the complexity of food insecurity as an issue, including a general lack of awareness. Some respondents noted that prior to program implementation, they had no idea how many children did not have access to food consistently. One informant said:

“ To fund it. This is a - this is a challenge. Sometimes folks can't connect the dots so when we can tell a story, and we're going through that with some families with some emergent needs, we're more able to highlight and we have used this project as an example. To show them why we need to do this, why - that there is no access to food....This is not a fluff program. There are families who cannot eat. And we are told, time and time again, every time we go to school-based health centers of a child caught carrying food home, because they have a younger sibling or a parent who didn't get to eat that day. I don't think you can look at that, and not understand the need for more. ”



Other participants expanded on the issues surrounding stigma. One participant asked, "How do you use money to change attitudes and perceptions?" Respondents acknowledged that many children and families are afraid to ask for help for fear of repercussions, while others live in tight-knit communities and associate food insecurity with shame. For example, families will not enroll in SNAP due to stigma. Several key informants described how stigma impacted their ability to provide resources to families in their communities. "[L]iving in poverty, there's some things that they know they shouldn't be talking about and stuff like that, and they may be afraid to share that they don't have any food at home." Participants indicated that activities related to building food insecurity awareness could help reduce stigma, such as sending food home with every child, sending fliers, or holding large back-to-school gatherings with free samples. Other participants echoed the need to increase awareness and reduce stigma through a systems lens, stating that they wished there was more access to funding to address stigma reduction and awareness explicitly:



I really truly believe the average person doesn't realize what an issue food insecurity is, and that we think you know third-world countries and we don't think about our neighbors or the kids down the street who have you know D's in in school because they're hungry... I've written grants pretty much my entire career [and] I've never really seen anybody address food insecurity before. So, I would like to see more funding available for that to - for other schools and other communities, to be able to address in a non-biased, you know, safe way.

So many of our kids are either raising themselves or they're being raised by another family member, or even a friend of the family that you know, and all of that kind of gets mixed up. And so when you just say school families, they don't really associate with that terminology. But when you say community, then you get a lot more buy-in... And I think that the word school and not - this is probably nationwide when people - so many people have had negative experiences, who are parents, parents who as children had negative experiences at school [and] these are a lot of our families that are the ones that we need to be reaching that word school is a scary, and unfriendly term. So when you take that out of the picture it opens up a lot of doors.



The No Kid Hungry and SBHA learning network allowed participants to address food insecurity in their communities and make lasting changes and connections with partners, community members, and families while supporting positive, healthy development for their students and families. Their feedback and input from state-level and youth stakeholders suggest that a collaborative approach to addressing food insecurity via school-based health centers is a productive and vital investment requiring additional support for sustainability and expansion.

Themes & Recommendations

Based on the above data collected from key informants in the No Kid Hungry learning network, state leader focus group, youth leader focus group, and state leader survey, the following themes and recommendations emerged as relevant for future projects and funding. The logic model (see Appendix A) can be used to better visualize the No Kid Hungry – SBHA collaboration and support replicability for stakeholders at different levels.

Themes & Recommendations	Key Take-Away
Individualization of approach	Due to variations in funding and structural systems, efforts should be individualized and localized to meet the needs of communities and appropriate student age levels. A goal for future learning networks is to recognize what is “universal” and what needs to be tailored in community efforts to address food insecurity. State-level networks or third-party entities can support needs assessments within targeted communities or geographical areas.
A realistic timeline for growth & expansion	For those in learning networks or cohort efforts, implement a realistic or expanded timeline that accounts for summer interruptions and/or the development of foundational internal infrastructure that supports program development or expansion.
Dedicated staffing	Acknowledge and support solutions for adequate and dedicated staffing to support program activities, including day-to-day activities, community outreach, and building community partnerships.
Stigma reduction	Provide resources and strategies for reducing stigmas and increasing awareness around food insecurity that prevent families and students from accessing services. Additionally, leverage parent-teacher organizations (PTOs) through funding and support the implementation of larger marketing programs to introduce students and families to the new food programs and increase community buy-in.
Policy advocacy	Provide advocacy for universal free lunch, removal of barriers around utilizing EBT or SNAP, state-level subsidies to farmers, increased minimum wage, addressing food availability and access within healthcare initiatives, and addressing inconsistencies in federal, state, and community-level funding and policy efforts. Participants explicitly requested that “politics get out of the way.”
State-level support (via learning networks)	State-level networks are needed to further develop and expand food security and nutrition education programming and assist with the sharing of resources and experiences by assisting with funding, policy, peer learning, coalition building, or structural efforts. State-level networks can better support individualized responses that meet the needs of each community until larger policy changes can occur regarding food insecurity.

Appendix A: No Kid Hungry Initiative Logic Model

Goal: Identify the benefits and feasibility of a state-based strategy aimed at increasing commitment to addressing hunger by state-level SBHC networks, and support the development and funding of a grantee network that is committed to integrating nutrition assistance referral and food access innovation using a social determinants of health lens.

Resources	Activities	Outputs	Outcomes	Impact
PHASE I – Learning Networks				
<p>Share Our Strength (No Kid Hungry)</p> <p>School-Based Health Alliance</p> <p>School-based health centers (SBHCs) – participating staff, including leadership and those implementing the program</p> <p>Community partners (connected to individual SBHCs)</p> <p>Fiscal & resource support (local, state, federal, philanthropic, donations)</p>	<p>Call for applications for individual program participation</p> <p>Development of content, including best practices, toolkit (as final product)</p> <p>Creation and implementation of learning communities</p> <p>Evaluate mid-term and program end collaborative efforts, including surveys and interviews</p>	<p>Number of communities in learning network (LN)</p> <p>Number of LN meetings</p> <p>Participation in meetings & Basecamp</p> <p>Programmatic outputs*</p> <p>Number of surveys completed</p>	<p>Launch or expand community project (determine how this is measured by program)**</p> <p>Identify areas of strength and need for current projects focused on food insecurity (engagement in formative evaluation using NKH evaluation tools or similar).</p> <p>Increased knowledge and awareness by various stakeholders about food insecurity, healthy food nutrition and preparation, and available food resources.</p>	<p>Reduce food insecurity in community settings through increasing access and reducing barriers to healthy food for children and families.</p> <p>Decrease stigma regarding food insecurity for families, children, providers, and teachers.</p> <p>Increased sustainability for school-based food insecurity programs (including local, state, and federal support).</p>
PHASE II – State-Level Networks				
<p>SBHA State Affiliate Offices</p> <p>State-level funding support</p>	<p>Conduct surveys & interviews of the national landscape to inform RFA</p> <p>Develop and advertise RFA State-level collaborative meetings</p> <p>Training materials for states (for coaching, train-the-trainer)</p>	<p>Number of participating state-level entities</p> <p>Number of sites each state is working with</p> <p>Participation in meetings & Basecamp</p>	<p>Increase state-level support for school-based food insecurity initiatives.</p> <p>Increase in adoption of SDOH framework that informs partnerships, screening, and funding.</p>	<p>Improvement in dietary and overall health for students within these communities (ideally with improved health over the lifespan and intergenerationally).</p>

Assumptions:

- 1) State leaders are interested in addressing food insecurity in partnership with SBHCs;
- 2) Food insecurity and nutrition programs in SBHCs are able to develop relationships with local community partners.

External Context:

- 1) Federal and state policies that address food insecurity;
- 2) Political climate around funding SBHCs and food insecurity programs;
- 3) Funding for staffing and sustainability of food insecurity programming

*** Program outputs (from NKH Learning Network Evaluation tool)**

- Number of participants/households engaged in project components (**required**)
 - i.e. # of households referred to onsite pantry, # of households receiving vouchers, # of unique households visiting pantry, # of participants in nutrition education programs etc.
- Number of referrals to federal nutrition programs (**strongly encouraged**)
- Number of households enrolled in federal nutrition program(s) after referral (**encouraged if possible**)
- Number and type of partner organizations (**required**)

****Example outcome statements include:**

Metrics of participant (youth/family) wellness, knowledge, attitude, or behavior change:

- Increase in food security (as measured by health screening tools)
- Increase in healthy food intake (as measured by dietary screening tools)
- Increase in healthy food knowledge
- Decrease in negative attitudes (stigma) the regarding utilization of food pantry or food support services
- Increase in student participation in a school-based community garden (as related to investment in deepening connection with food resources)
- Increase in engagement with SBHC overall
- Increase in engagement in preventative care

Metrics of program expansion or capacity building:

- Increase in the _____ by the program per year.
 - number of families served,
 - number of vouchers distributed,
 - amount of donated food,
 - number of cooking classes conducted
- Increase in availability of healthy food offerings before/during/after school or at school events.
- Increase in nutritious food access via a school-based community garden.
- Increase in the number of service locations
- Increase in the number of dedicated staff
- Increase in the number of cooperative community partners
- Increase in staff capacity regarding food insecurity and student health (via training or utilization of resources from the learning network)

Metrics regarding program sustainability:

- Increase in culturally relevant program materials and content (may include involving stakeholders, including community members and youth)
- Increase in family and youth engagement and empowerment (e.g., development of advisory council, regular opportunities for stakeholder input, clear documentation of how feedback and input are integrated, implemented, and disseminated or reported back).
- Identification of short-term, intermediate, and long-term funding sources (via the development of a business plan; increasing partnership with fiscal, human service, or food service entities; engagement with state-level funding partners; identification of diversified revenue sources; and/or development of creative revenue stream, such as social enterprise)
- Identification and increase in tangible strategies to address procedural or systemic barriers to programmatic efforts (e.g., regarding funding, school participation, partner communication, issues around marketing, etc.).